

NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____,
(Print Full Name)

Social Security Number _____ and date of birth of _____,
hereby request and authorize the following:

Release of General Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I request that all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me to release and furnish to the North Carolina Department of Justice and to the Alarm Systems Licensing Board all records and other information concerning me, including internal affairs files, disciplinary files and any information concerning pending and/or closed investigations. The above mentioned agencies are currently conducting a personal background to determine my suitability for an Alarm Systems License, Certification and/or Registration. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

Release of Criminal Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I hereby consent to allow the Alarm Systems Licensing Board and the N.C. Department of Justice to access my criminal record. In order to conduct a thorough criminal record check on me, I authorize the Alarm Systems Licensing Board and the N.C. Department of Justice to use my fingerprints and any other identifying information as may be required by any state or national repository. I acknowledge that my fingerprints may be submitted to the North Carolina State Bureau of Investigation or any other states' criminal record depository for a search of the state criminal history record file. The North Carolina State Bureau of Investigation has my permission to forward my fingerprints and any other identifying information to the Federal Bureau of Investigation for a national criminal history check.

By making this request, I release all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me from any liability whatsoever and from any damages whatsoever, which may at any time result because of compliance with this authorization and request.

This the _____ day of _____, 20_____.

Applicant's Signature

Sworn and subscribed to before me, this the

_____ day of _____, 20_____.

Notary Public

My commission expires: _____

**Note: The Social Security Number is used to make positive identification of applicants. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of your application and may result in inaccurate records being assigned to you.*